

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. Desloge Hospital)

Registration District No. **791**
Primary Registration District No. **1003**

File No. 27152
Registered No. 7389
St. Ward)

2. FULL NAME

(a) Residence, No. 3529 St. Louis ave. St. 10 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widower</u>
SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Late Mary Ellis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 25, 1856</u>		
7. AGE <u>77</u>	YEARS <u>6</u>	MONTHS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Photo Engraver</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Woodman & Tirmann</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cincinnati Ohio</u>
13. NAME <u>Richard Ellis</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Columbus Ohio</u>
15. MAIDEN NAME <u>Emeline Baltoro</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Florida</u>
17. INFORMANT <u>William W. Ellis</u> (ADDRESS) <u>2111 St. Louis</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mo. Crematory</u> DATE <u>July 25 1934</u>
19. UNDERTAKER <u>Wiegman's Mortuaries</u> (ADDRESS) <u>422 E. 12th St. St. Louis</u>
20. FILED <u>JUL 27 1934</u> <u>J. F. Braddock</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1934
22. I HEREBY CERTIFY, That I attended deceased from 7/21/34, 1934, to 7/23/34, 1934.
I last saw him alive on 7/23/34, 1934. Death is said to have occurred on the date stated above, at 4:45 a.m.
The principal cause of death and related causes of importance were as follows:

Lothar Pneumonia
Carcinoma of stomach

Other contributory causes of importance: 46

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Mary O. Martin, M. D.
(Address) 607 N. Grand

2-5-7-8
U. Club Bldg.